

As Congress considers various proposals related to health care reform within the next few weeks, we have an extraordinary opportunity to do something right and good for the American people. While the challenges before us are multiple, shifting the health care paradigm from a system that treats the symptoms of sickness and disease to one that promotes lifelong wellness and prevention for all Americans would be a great policy start.

The current health care debate, which focuses on a loosely defined government-operated “public option,” has yet to address several underlying complexities within our health care system. But the essential question is simple: how do we improve health outcomes and reduce costs while protecting vulnerable persons? A thorough policy debate must be grounded in these cornerstone objectives to effectively improve the quality of and access to health care for all Americans, rather than simply developing a new government financing mechanism without regard to unsustainable cost projections. The current House bill is 1,000 pages long and costs well over \$1 trillion.

I believe that building a culture of wellness, strengthening the best of patient-centered care, and creating new insurance models may help meet these goals. Seventy-five percent of our \$2.2 trillion health care bill is spent on the treatment of chronic lifestyle and obesity-related diseases, many of which could be prevented or managed more responsibly, saving perhaps hundreds of billions of dollars to our system. Right now, our health care industry is paid to cut, fix, or prescribe, but the essential component of health care must be prevention. We need a better approach to chronic disease management and must change our focus to one that is patient-centered rather than system-centered.

We must also address more cost-effective avenues of health care delivery for our most vulnerable, such as strengthening community-based safety nets that provide such care less expensively for our neediest populations—for instance, Community Health Centers. Nearly 40 percent of patients who access community health centers are uninsured, and sadly, many are children. Similarly, home health services provide care management to the chronically ill and disabled, in the comfort of their homes, while significantly lowering the costs of care. Hospice reduces costs at the end-stage of life, while affording dignity and the close proximity of loving family members.

It is also imperative to have a creative discussion about new insurance models. There should be flexibility for organizations and businesses, individuals and families, and nonprofit entities to associate or perhaps create cooperatives that can operate nimbly in a free and informed marketplace with added choice. In addition, we could expand subsidies for high risk pools for those with chronic illnesses and who are having affordability problems. We should also explore ways to make the tax treatment of health care benefits equitable across the board.

These policy suggestions are only a few components of the necessary tasks at hand, but optimally answer the fundamental question of how to improve health care outcomes and reduce costs. By building a culture of wellness, strengthening patient-centered care, and creating new insurance models, we can expand and promote a culture of health with a true paradigm shift to

prevent rather than simply treat diseases. I hope to see these options explored in the upcoming policy debate so that we will succeed in tackling one of the primary drivers of our health care costs for families and small businesses while strengthening the health of all Americans.